

TABLE OF CONTENTS

MEDICAL ASSISTANCE PROGRAM MANUAL

PART A – GENERAL PROVISIONS AND DEFINITIONS

A-100 MEDICAL ASSISTANCE OVERVIEW

- 100 Purpose and Applicability
- 105 Medical Assistance Overview
- 110 Cooperation
- 115 Prior Medical
 - 115.1 Applying For Prior Medical Coverage
 - 115.2 Verification of Prior Medical Assistance
- 120 Authorized Representative
 - 120.1 Spousal Authorization
- 125 Medicaid Card
 - 125.1 Issuance of Verification of Medicaid Eligibility Status or Form 2636, Pending Welfare Assistance Notice
- 130 Managed Care Enrollment
- 135 Services Provided by Nevada Medicaid
- 140 Medicaid Estate Recovery Program
 - 140.1 Legal Authority
 - 140.2 Program Overview
 - 140.3 Affected Individuals
 - 140.4 Notification to Affected Individual
- 145 Referral of Cases to MER Unit
 - 145.1 Initiation of MER Activities
- 150 Forms Used for Medical Programs

A-200 DEFINITIONS AND ACRONYMS

- 200 Definitions and Use of Terms
- 210 Acronyms

PART B – MEDICAID CATEGORIES

B-100 MAGI MEDICAL CATEGORIES

- 100 Overview
- 105 Family Medical Coverage Groups
- 110 Parents and Other Caretaker Relatives (435.110, 435.911)
 - 110.1 Shared Custody
- 115 Pregnant Women (435.116, 435.911)
- 120 Infants and Children Under Age 19 (435.118, 435.911)
 - 120.1 Newborn Children (435.117)
 - 120.2 Nevada Check Up (NCU)-Children with Income Above Medical Limits and Below 205% FPL (42CFR 457)
- 125 Childless Adults/Individuals Age 19 Thru 64 (435.119, 435.911)
- 130 Transitional Medicaid Coverage (1925, 435.112)
- 135 Post medical (435.115)
- 140 Emergency Medicaid MAGI (435.139, 435.406)

B-200**SPECIALIZED MEDICAL CATEGORIES**

- 200 Overview
- 205 Specialized Medicaid Eligibility Groups
- 210 Medicaid For Children For Whom A Public Agency Has Assumed Financial Responsibility
- 215 Medicaid Eligibility for Title IV-E Eligible Foster Children at Rite of Passage
- 220 Aged Out of Foster Care (435.150, 435.226)
- 225 Breast/Cervical Cancer Medicaid (Public Law 106-354)
- 225.1 Presumptive Eligibility for MCB

B-300**MAABD MEDICAL CATEGORIES**

- 300 Overview
- 305 Aged, Blind and Disabled
- 310 Medicare Beneficiaries
 - 310.1 Low Income Subsidy (LIS) Referrals
 - 310.2 Qualified Medicare Beneficiaries (QMB)
 - 310.3 Special Low Income Medicare Beneficiaries (SLMB)
 - 310.4 Qualified Individuals (QI)
 - 310.5 Qualified Disabled Working Individuals (QDWI)
- 315 Supplemental Security Income (SSI)
 - 315.1 Eligibility Exceptions
 - 315.2 SSI Resources
- 320 Public Law Cases
 - 320.1 Pickle Amendment-Public Law 94-566 Section 503
 - 320.2 Adult Disabled Child-Public Law 99-643
 - 320.3 Widow/Widowers-Public Law 100-203
 - 320.4 Widows, Widowers and Surviving Divorced Spouses
Public Law 101-508
 - 320.5 Suspension of SSI Due to Income-Public Law 96-265
 - 320.6 Eligibility for Children Who Lose SSI but Remain on Medicaid
 - 320.7 Persons Ineligible for SSI Due to Alien Sponsor Deeming
(CFR 416.1160)
- 325 Institutionalized Individuals
 - 325.1 Institutionalized Less than 30 Consecutive Days
 - 325.2 Institutionalized at Least 30 Consecutive Days
- 330 Home and Community Based Waiver Services
- 335 Katie Beckett
 - 335.1 Division of Health Care Finance and Policy (DHCFP) Determination
- 340 Prior Medical
- 345 Health Insurance for Work Advancement (HIWA)
- 350 Aged, Blind and Disabled Specialized Medical Groups
 - 350.1 Continuation of 'Pregnancy Related' Medical Coverage
 - 350.2 Emergency medical for Ineligible Non-Citizens (Public Law 99-509
Section 9406)

PART C – GENERAL ELIGIBILITY REQUIREMENTS**C-100****RESIDENCE REQUIREMENTS**

- 100 Residence Requirements (435.403)
 - 100.1 SSI Recipients Receiving a State Supplementary Payment (SSP)
from Another State
 - 100.2 Verification
- 105 Exception to Residency Rules
 - 105.1 Individuals Placed in an Out-of-State Institution

	105.2 Individuals Under the Age of 21
	105.3 Individuals Age 21 and Over
	110 Disputed Residency
	115 Temporary Absence
	120 CAP Program (NRS 217)
C-200	FURNISHING SOCIAL SECURITY NUMBERS
200	Social Security Numbers (435.910)
	200.1 Verification
	200.2 Worker Action at Application
	200.3 Failure to Comply
C-300	CHILD SUPPORT ENFORCEMENT
300	Child Support Enforcement (Proposed Rule 433.138, 433.145, 433.148, 433.152 and 435.610)
305	Child Support Non-Cooperation
C-400	CITIZENSHIP REQUIREMENTS
400	Citizenship and Identification Requirements (435.406, 435.407, 435.940, 435.956)
405	Eligibility Requirements
	405.1 Verification and Documentation (435.956(a)(1))
	405.2 Reasonable Opportunity (435.956(g))
	405.3 Stand-Alone Evidence of U.S. Citizenship or Nationality
	405.4 Evidence of U.S. Citizenship or Nationality
410	Acceptable Verification of Identity
415	Verification of Collective Naturalization
	415.1 Puerto Rico
	415.2 U.S. Virgin Islands
	415.3 Northern Mariana Islands (NMI)
420	Non-Citizen Medical Assistance Eligibility Chart
	420.1 Verification of Non-Citizen Status
	420.2 Verifying Non-Citizen Status Using the Systematic Alien Verification to Entitlements (SAVE) System
425	Non-Citizen Status
430	Re-Verification of Immigration Status Due to an INS Document's Expiration Date
435	Documentation of Veteran Status
	435.1 Verification of Veteran Status
	435.1.1 Discharged Members
	435.1.2 Active Duty Members
	435.1.3 Reserve Members (Not On Active Duty for Training)
440	Definition of Battered Non-Citizen
445	Iraqi and Afghani Special Immigrants
450	Victims of Trafficking
C-500	APPLYING FOR AVAILABLE BENEFITS
500	Applying for Available Benefits (435.608, 435.610)
505	SSI Application and Determination
	505.1 Required

505.1.1 Aged, Blind and Disabled Persons Not in an Institution
with Total Countable Income Less than SSI Payment
Levels

505.1.2 Persons In an Institution with Total Countable Income
Less Than \$30

505.2 Not Required

C-600

THIRD PARTY LIABILITY

- 600 Third Party Liability (TPL) (435.610)
- 605 Medicare As TPL
 - 605.1 Persons Eligible for Medicare
- 610 Notification of Third Party Liability (TPL) to the Fiscal Agent
 - 610.1 Verification
- 615 TPL and Accidents
- 620 Mandatory Premium Payments for Cost Effective Employer Group
Health Insurance

C-700

BUY-IN

- 700 Buy-In Process (1843 of the Act)
- 705 Effective Dates for Buy-In
- 715 How the Buy-In Process Works
- 720 Case Manager Responsibilities in the Buy-In Process

C-800

INCARCERATION

- 800 Incarceration

PART D – APPLICATION PROCESSING

D-100

MAGI APPLICATION PROCESSING (435.906, 435.907)

- 100 Overview
- 105 Requests for an Application
- 110 Application Assistance (435.908)
- 115 Filing the Application
- 120 Withdrawal of Application
- 125 Registration of the Application
- 130 Duplicate Assistance Screening
- 135 Time Frames (435.912)
- 140 Pre-Eligibility Verification
 - 140.1 Non-Financial
 - 140.2 Financial
- 145 Post Eligibility Verification
- 150 Verification Sources
 - 150.1 Reasonable Compatibility (435.952)
 - 150.2 MAGI Discrepancy with Exchange (435.603(f)(3)(i))
- 155 Pending Information
 - 155.1 Future Actions
- 160 Certification Period
 - 160.1 Nevada Check Up
- 165 Nevada Check Up Premiums
- 170 Case Documentation (435.913)
 - 170.1 Case records (NRS 239.080, NRS 230.125)
- 175 Prior Medical Coverage
- 180 Reinstatements
- 185 “Prudent Person” Principle

D-200**SPECIALIZED GROUPS-APPLICATION PROCESSING**

- 200 Overview
 - 200.1 Income
 - 200.2 Resources
- 205 Aged Out of Foster Care
 - 205.1 Aged Out of Foster Care in Another State
 - 205.2 Reporting Requirements
 - 205.3 Denial/Termination
- 210 Breast/Cervical Cancer Medicaid
 - 210.1 Verification
 - 210.2 Presumptive Eligibility
 - 210.3 Eligibility Requirements
 - 210.4 Do Not Apply the Following Eligibility Requirements
 - 210.5 Termination
- 215 Children for Whom a Public Agency has Assumed Financial Responsibility
 - 215.1 Application
 - 215.2 Verifications
 - 215.3 Denial/Termination
 - 215.4 Reporting Requirements
- 220 Medicaid Eligibility for Title IV-E Eligible Foster Children at Rite of Passage
 - 220.1 Application
 - 220.2 Verifications
 - 220.3 Denial/Termination
 - 220.4 Reporting Requirements
 - 220.5 Case Management
- 225 Request for Information
- 230 Withdrawal of Application
- 235 Duplicate Assistance Screening
- 240 "Prudent Person" Principle
- 245 Prior Medical Coverage
 - 245.1 How To Apply for Prior Coverage
 - 245.2 Eligibility for Prior Coverage
 - 245.3 Prior Medical Determinations

D-300**MAABD APPLICATION PROCESSING**

- 300 Overview
- 305 Requests for an Application
 - 305.1 Forms Given to the Client with Application
- 310 Application Assistance (435.908)
- 315 Filing the Application
- 320 Withdrawal of the Application
- 325 Registration of the Application
 - 325.1 Application From a Facility
- 330 Duplicate Assistance Screening
- 335 Time Frames (435.912)
- 340 Pre-Eligibility Verification
 - 340.1 Non-Financial Verification
 - 340.2 Division of Health Care Finance and Policy (DHCFP) Disability Determination

- 340.3 Pending SSI Determination
- 340.4 Financial Verification
 - 340.4.1 Income
 - 340.4.2 Resources
- 340.5 Post Eligibility Verification
- 340.6 Verification Sources
- 345 Pending Information
 - 345.1 Future Actions
- 350 Disposition of Application
 - 350.1 Certification Period
- 355 Medicaid, SLMB & Qualified Individuals
 - 355.1 QMB Only
- 360 Case Documentation (435.913)
 - 360.1 Case Records (NRS 293.080, NRS 230.125)
- 365 Prior Medical Coverage
 - 365.1 How To Apply for Prior Coverage
 - 365.2 Eligibility for Prior Coverage
 - 365.3 Prior Medical Income Computation
- 370 Reinstatements
- 375 "Prudent Person" Principle
- 380 Katie Beckett
 - 380.1 Division of Health Care Finance and Policy (DHCFP) Determination
 - 380.2 Notice of Approval
- 385 Parental Financial Responsibility for Services Provided to Disabled Children
 - 385.1 Definitions
 - 385.2 Calculating Monthly Parental Reimbursements
 - 385.3 Redetermination of Eligibility
 - 385.4 Undue Hardship
 - 385.5 Responsibilities of Eligibility Staff
 - 385.6 Investigations and Recovery Staff Responsibilities

D-400

REDETERMINATIONS

- 400 MAGI Redeterminations (435.916)
 - 400.1 Initial MAGI Redeterminations
 - 400.2 Verification At Redetermination
- 410 MAABD Redeterminations
 - 410.1 Verification At Redetermination
 - 410.2 Public Laws
- 420 Title IV-E Eligible Foster Children at Rite of Passage
 - 420.1 Verification At Redetermination
 - 420.2 Termination of Foster Children at Rite of Passage
- 425 Aged Out of Foster Care
 - 425.1 Verification At Redetermination
 - 425.2 Termination of Aged Out of Foster Care
- 430 Treatment for Breast and Cervical Cancer
 - 430.1 Termination of Breast and Cervical
- 435 Transitional Medicaid
- 440 Redetermination Based On Changes
- 445 Other Insurance Affordability Programs
- 450 Terminations

D-500

CHANGES

- 500 Overview
- 505 Reporting Requirements
- 510 When To Report
- 515 How To Report
- 520 Questionable Information and/or Circumstances
- 525 Processing Requirements
 - 525.1 Returned Mail
 - 525.2 Actions On Changes
 - 525.3 Mass Changes
 - 525.4 Additions To the Household
 - 525.4.1 Exceptions for Adding Newborns To NCU Cases
 - 525.4.2 NCU Enrollment
- 530 Terminations for Medicaid
 - 530.1 Non-Payment of Nevada Check Up Premiums
 - 530.2 Adverse Action
 - 530.3 Adverse Action NOT Required
 - 530.4 Cut-Off
- 535 Re-Evaluations – Nevada Check Up
- 540 Conversions
 - 540.1 Converting To Institutional Eligibility
 - 540.2 Converting To Home Based Waiver Eligibility
 - 540.3 Other MAGI Groups To SSI Case
 - 540.4 SSI Eligibility Terminating
 - 540.5 QMB/SLMB/QI1 Only To Medicaid With QMB/SLMB
 - 540.6 Medicaid Only To Medicaid-QMB/SLMB
 - 540.7 Medicaid-QMB/SLMB to QMB/SLMB/QI1 Only
 - 540.8 Medicaid-QMB/SLMB To Medicaid Only
 - 540.9 Katie Beckett To SSI
 - 540.10 QMB and < 30 Day Hospital Stay
 - 540.11 Forms Used for Conversion

PART E – INCOME AND BUDGETING

E-100

MAGI BUDGETING

- 105 Assistance Unit Determination (435.603(f))
 - 105.1 Tax Filing Status
 - 105.2 Tax-Filer Not Claimed As a Tax Dependent
 - 105.3 Individuals Claimed As Tax Dependents
 - 105.4 Married Couples
 - 105.4.1 Divorced Couples (IRS 501)
 - 105.5 Non-Filer Rules
- 110 Assistance Unit Budgeting
 - 110.1 Annual Income Guidelines
- 115 Budget Period
- 120 Earned Income
 - 120.1 Self-Employment
 - 120.2 Verification of Self-Employment
- 125 Unearned Income
- 130 Best Estimate of Income
 - 130.1 Converting Income to Monthly Amounts
 - 130.2 Unpredictable Income
 - 130.3 Irregular Income
 - 130.4 Converting New Income

- 135 Application of Modified Adjusted Gross Income
 - 135.1 Allowable Deductions
- 140 Step-By-Step Assistance Unit and Income Determination
 - 140.1 Construct a Medicaid/NCU Assistance Unit for Each Applicant
 - 140.2 Determine the Medicaid/NCU Income for Each Assistance Unit
- 145 MAGI Exemptions

E-200

MAABD INCOME AND BUDGETING

- 200 Application of Social Security Income (SSI) Budget Methodology
- 205 Household Determination
 - 205.1 Definition Related to Household Determination
 - 205.2 Income Consideration
- 210 SSI – MAABD – Income Budgeting
 - 210.1 Ownership/Availability
 - 210.2 Income Deeming
 - 210.3 Dividing Income
 - 210.4 Court Order/Trust Income
- 220 Budgeting Procedures for SSI Financial Eligibility – Spouse To Spouse Deeming – (SSI Budget Form 2646-EE)
 - 220.1 SSI Budget Form 2646-EE
 - 220.1.1 Member of Couple With Eligible Spouse
 - 220.1.2 Member of Couple With Ineligible Spouse
 - 220.1.3 Individual
 - 220.1.4 Deeming Computation
 - 220.1.5 SSI Eligibility Determination
- 225 Income Disregards By Public Law
 - 225.1 Pickle Amendment – Public Law 94-566
 - 225.2 Adult Disabled Child – Public Law 99-643
 - 225.3 Widow/Widowers – Public Law 100-203
 - 225.4 Widows, Widowers and Surviving Divorced Spouses
 - Public Law 101-508
- 230 Medicare Beneficiaries (QMBs, SLMBs and QDWIs)
- 235 Medicare Beneficiaries Budget Method
 - 235.1 Medicare Beneficiary Budget Form 2203-EM
 - 235.1.1 Determine Whether the Client is Considered an Individual or a Member of a Couple with a QMB/SLMB/QI/QDWI Eligible Spouse By Applying the Definitions In This Section
 - 235.1.2 Medicare Beneficiaries Budget Form 2203-EM
 - 235.2 Budgeting – Specific Instructions
- 240 Health Insurance for Work Advancement (HIWA)
 - 240.1 HIWA Employment Related Work Disregards
 - 240.2 Computing Monthly Employment-Related Work Disregards
 - 240.3 HIWA Income Determination
 - 240.4 HIWA Premiums
- 245 Resources
 - 245.1 Ownership/Availability
 - 245.2 Treatment of Resources
 - 245.2.1 Resource Deeming
 - 245.2.2 Dividing Resources
 - 245.2.3 Court Order
 - 245.3 Transfer of Resources
 - 245.4 Inaccessible Resource
 - 245.5 Resource Limits

E-300 TYPES OF EARNED AND UNEARNED INCOME

E-400 RESOURCES

- 400 Overview
- 405 Resource Limits
- 410 Types of Resources (Not All Inclusive)

PART F – LONG TERM CARE SERVICES

F-100 LONG TERM CARE SERVICES

- 100 Persons Institutionalized At Least 30 Consecutive Days
 - 100.1 Eligibility Exceptions
- 105 Definitions
- 110 Budgeting Procedures for Financial Eligibility-Form 2203-EM
 - 110.1 Gross Countable Income Test (Side 1, Column 1)-Unearned Income, Earned Income and Division of Income
 - 110.2 Net Income Determination (Side 1, Column 1)
- 115 Resources for Persons Institutionalized At Least 30 Consecutive Days
 - 115.1 Ownership/Availability (Non-Spousal Impoverishment)
 - 115.2 Resource Provisions for Spousal Impoverishment Cases
 - 115.2.1 Ownership/Availability
 - 115.2.2 Spousal Impoverishment Resource Determination
 - 115.2.3 Spousal Share of Resources at the Time of Institutionalization (Section I of Form 2797-EM)
 - 115.2.4 Community Spouse Resource Allowance (Section II of Form 2797-EM)
 - 115.2.5 Assignment of Resources at the Time of Application for Medicaid (Section III of Form 2797-EM)
 - 115.2.6 Permitting Transfer of Resources to the Community Spouse
 - 115.2.7 Separate Treatment of resources After Eligibility is Established
 - 115.2.8 Undue Hardship
 - 115.2.9 Additional Resources Following Initial Eligibility
 - 115.3 Resource Exemptions
 - 115.4 Resource Limits
- 120 Patient Liability
 - 120.1 Treatment of Income, Deductions and Expenses
 - 120.2 Partial Month Proration
 - 120.3 Effective Date of Patient Liability
 - 120.4 Notification of Patient Liability/Case Status
 - 120.5 Patient Liability Budgeting Procedures-Form 2220-EM/A

F-200 HOME AND COMMUNITY BASED SERVICES

- 200 Home and Community Based Services
 - 200.1 Eligible Groups
 - 200.2 Identification of Applicants/Recipients Who May Be Eligible
- 205 Definitions
- 210 Eligibility Requirements
- 215 Eligibility Determination Process

- 220 Income
 - 220.1 Ownership/Availability
 - 220.1.1 Sole Ownership
 - 220.1.2 Shared Ownership
 - 220.2 Treatment of Income
 - 220.3 Income Limits
 - 220.4 Budgeting Procedures for Financial Eligibility-Form 2203-EM
- 225 Resources
 - 225.1 Ownership/Availability
 - 225.1.1 Sole Ownership
 - 225.1.2 Shared Ownership
 - 225.1.3 Treatment of Resources
 - 225.2 Resource Provisions for Spousal Impoverishment Cases
 - 225.2.1 Ownership/Availability
 - 225.2.2 Resource Determination
 - 225.3 Resource Exemptions
 - 225.4 Resource Limits
- 230 Patient Liability

F-300

PERSONS INSTITUTIONALIZED LESS THAN 30 CONSECUTIVE DAYS

- 300 Persons Institutionalized Less Than 30 Consecutive Days
- 305 Eligibility Exemptions
- 310 Definitions
- 315 Budgeting Procedures for SSI Financial Eligibility-SSI Budget Form 2646-EE (Spouse-To-Spouse Deeming)
 - 315.1 Income Consideration
 - 315.2 SSI Budget Form 2646-EE – General Instructions
 - 315.2.1 Member of a Couple With Eligible Spouse
 - 315.2.2 Member of a Couple With Ineligible Spouse
 - 315.2.3 Individual
 - 315.3 SSI Budget Form 2646-EE – Specific Instructions
 - 315.3.1 Deeming Computation
 - 315.3.2 SSI Eligibility Determination
- 320 Budgeting procedures for SSI Financial Eligibility of Children –Parent To Child Deeming Budget – Form 2646-EE/A
 - 320.1 General Deeming Provisions
 - 320.2 Parent To Child Deeming Budget – General Instructions
 - 320.3 Deeming Computation
 - 320.4 Eligibility Determination
- 325 Patient Liability
 - 325.1 Treatment of Income, Deductions and Expenses
 - 325.2 Partial Month Proration
 - 325.3 Effective Date of Patient Liability
 - 325.4 Notification of Patient Liability/Case Status
 - 325.5 Patient Liability Budgeting Procedures-Form 2220-EM

F-400

TRANSFER OF ASSETS

- 400 Overview
- 405 Definitions
- 410 General Rule
 - 410.1 Look-Back Period

- 415 Treatment of Income As Assets
 - 415.1 Treatment of Jointly Owned Assets
 - 415.2 Treatment of Certain Kinds of Asset Transfers
- 420 Annuities
- 425 Home and Community Based Waiver (HCBW) and Miller Trust (QIT)
- 430 Resources
- 435 Pursuing a Possible Transfer
 - 435.1 Transfer/Disposal of Asset Notification (Form 2601)
 - 435.2 Rebuttal
 - 435.3 Undue Hardship
 - 435.4 Return of Assets
- 440 Penalty Period
 - 440.1 Application of Penalties for Transfers Made Prior to February 8, 2006
 - 440.2 Application of Penalties for Transfers Made On or After February 8, 2006
 - 440.3 Exceptions
 - 440.4 Penalty Period-Spouse Involvement
 - 440.5 Situations Under Which Transfer of Asset Provisions Do Not Apply (Not All Inclusive)
- 445 Decision

F-500

TREATMENT OF TRUSTS

- 500 Definitions
- 505 Effective Date
- 515 Application of Trust Provisions
- 520 Types of Trusts
 - 520.1 Revocable Trust
 - 520.2 Irrevocable Trust-Payment Can Be Made to Individual
 - 520.3 Irrevocable Trust-Payment Cannot Be Made to Individual
 - 520.4 Special Needs Trust
 - 520.5 Pooled Trusts
 - 520.6 Miller Type or Qualified Income Reduction Trusts-QIT
- 525 Resources
- 530 Income
- 535 Patient Liability
- 540 Transfer of Assets
- 545 Central Office Review
- 550 Undue Hardship

PART G – NON-DISCRIMINATION/HEARINGS/CLAIMS

G-100

- 100 Non-Discrimination Overview
- 105 Discrimination Complaints
- 110 Racial and Ethnic Data Collection
- 115 Interpretive Service Requests
 - 115.1 Sign Language Interpreter Requests
 - 115.2 Non-English Speaking Interpretive Requests

G-200

- 200 Hearings

G-300	300	Medicaid Program Claims
	300.1	Definition of a Claim
	300.2	Medicaid Claims
	300.3	Claim Packet

PART H – PRESUMPTIVE ELIGIBILITY

H-100		Hospital Presumptive Eligibility – Provider Guidance
	100	Overview
	105	Eligible Groups
	110	Factors of Eligibility
	115	Verification
	120	HPE Coverage Period
	125	Notification
	130	Time Frames
	135	“Prudent Person” Principle
	140	Withdrawal of Application
	145	Case Documentation
	150	Hospital Presumptive Eligibility Standards
	155	Hospital Conditions of Participation
	160	Case Records and Retention
	165	Authority

H-200		Hospital Presumptive Eligibility – DWSS Case Manager Guidance
	200	Overview
	205	Eligible Groups
	210	Factors of Eligibility
	215	Verification
	220	HPE Coverage Period
	225	Notification

APPENDICES

Appendix A	MAGI Income Charts, Verification Plan, Aid Code Charts
Appendix B	Possible Benefits Available to Division of Welfare and Supportive Services Clients
Appendix C	MAABD Income Standard Chart
Appendix D	Benefit Level Chart (SSI, VA, QMB, SLMB, QI1, QI2, QDWI, County Match, Spousal Impoverishment)
Appendix E	BIC Code Values
Appendix F	MAABD Budgets
Appendix G	PRUCOL Verification